

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No. 129

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township Globe or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thornae Thomas (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth July 11, 1929
Month Day Year

8. FATHER Full name Fredrick Thomas 14. MOTHER Full maiden name Pauline Coombis
9. Residence (Usual place of abode) Globe Ariz. 15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 32 (Years) 16. Color or race White 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) England (State or country) 18. Birthplace (city or place) Central Ariz. (State or country)

13. Occupation miner Nature of industry 19. Occupation Housewife Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. C. Harper (Physician or midwife.)
Physician

Given name added from a supplemental report. Address Globe, Arizona

Month, day, year _____ Filed 8/7 1929 H. E. Hightower Registrar